BRUCE TITTEL
DONALD F, FREI
DAVID J, JOSEPHK
DAVID J, JOSEPHK
DAVID S, STALLARD
J, ROBERT CHAMBERS
GREGORY J, LUNN
KURT L, GROSSMAN
CLEMENT H, LUKEN, JR,
THOMAS J, BURGER
GRECORY F, AHRENS
WAYNE L, JACOBS
KURT A, SUMME
KEVIN G, RODNEY
KEITH R HAUPT
THEODORE R, REMAKLUS
THOMAS W, HUMPHREY
THOMAS W, HUMPHREY
DAVID H, BRINKMAN
BEVERLY A, LYMAN, PH.D.

OF COUNSEL JOHN D. POFFENBERGER THOMAS W. FLYNN

WOOD, HERRON & EVANS, L.L.P.

2700 CAREW TOWER

441 VINE STREET

CINCINNATI, OHIO 45202-2917

TELEPHONE: 513-241-2324

FACSIMILE: 513-241-8234

EMAIL: info@whepatent.com

PATENT, TRADEMARK, COPYRIGHT AND UNFAIR COMPETITION LAW AND RELATED LITIGATION

EDMUND P. WOOD TRUMAN A. HERRÓN EDWARD B. EVANS

January 31, 2005

1935-1978

JOSEPH R. JORDAN C. RICHARD EBY DAVID E. PRITCHARD

RECEIVED
DWIGHT POFFENBERGER, JAN.
CENTRAL FAX CENTER KATHRYN E. SMITH
KRISTI L. DAVIDSON
P ANDREW BLATT, PH.D.

JAN 3 1 2005 KRISTI L. DAVIDSON
P. ANDREW BLATT, PH.D.
DAVID E. JEFFERIES
WILLIAM R. ALLEN, PH.D.
JOHN PAUL DAVIS
DOUGLAS A. SCHOLER
BRETT A. SCHALTZ
DAVID W. DORTON

SARAH OTTE GRABER STEVEN W. BENINTENDI. PH.D. RANDALL S. JACKSON, JR.

TECHNICAL ADVISORS HENRY M. LABODA, PH.D.

1

FACSIMILE COVER SHEET

To: Technology Center 3600

Examiner Jennifer I. Thissell

Fax: (703) 872-9306

Central Fax Number

From: David W. Dorton

Re:

Our File: DBZ-466P2

Scrial No. 10/614,715

Pages: 21

MESSAGE/COMMENTS

Attached herewith is the formal Response to Office Action submitted for the above-identified application.

PLEASE DELIVER IMMEDIATELY TO EXAMINER JENNIFER I. THISSELL

Enclosures:

Facsimile Cover Sheet (1 pg.)

Amendment Transmittal (2 pgs.) Response to Office Action (17 pgs.)

End Page (1 pg.)

The information in this facsimile message is ATTORNEY-CLIENT PRIVILEGED. WORK PRODUCT and/or CONFIDENTIAL INFORMATION intended only for the use of the individual or entity to whom this message is addressed. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby motified that any dissemination, distribution or reproduction of this communication is sarietly prohibited. If you have received this constantication in error, please immediately notify us by telephone and return the original message to us at the above address via rmil. Thank you If transmission is interrupted or of poor quality, please notify us immediately by calling (513) 241-2324 and ask for the sender's assistant. OUR FAX NUMBER IS (513) 241-6234.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Bennett et al.

Examiner: Jennifer I. Thissell

Serial No.:

10/614,715

Group No.: 3632

Filed:

July 7, 2003

For:

WIRE MESH CHAIR

Attorney Docket:

DBZ-466P2

Confirmation No.:

7951

Commissioner of Patents

January 31, 2005

P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.	Transmitted herewith	is:	an amendment :	ſor	this	application.
----	----------------------	-----	----------------	-----	------	--------------

2. ____ Small Entity status is claimed.

X Other Than a Small Entity.

3. The fee has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL *	27	MINUS **	30	0	x 9		× 18	\$ 0.00
INDEP. *	5_	MINUS ***	3	2	x 44		x 88	\$ 176.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+150		+300	
					TOTAL FEE		TOTAL FEE	\$ 176.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

	_	No additional fee for claims is required.
4.		Attached is a check in the sum of \$
	X	Please charge my Deposit Account No. 23-3000 in the amount of \$ 176.00.

5.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.								
	Compl	ete (a) or (b)	(a) or (b) as applicable.						
	(a)		Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:						
		Extens (<u>mont</u>		Fee for other than small entity	Fee for small entity				
			one month two months three months four months five months	\$ 110.00 \$ 430.00 \$ 980.00 \$1,530.00 \$2,080.00	\$ 55.00 \$ 215.00 \$ 490.00 \$ 765.00 \$ 1,040.00				
	Attached is a check in the amount of \$ for the month extension fee a required by 37 C.F.R. § 1.17(c).								
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$									
	OR								
	(b)	<u>X</u>	Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.						
		X If any additional fee for claims or extension of time is required, charge Deposi Account No. 23-3000.							
2700 Carew Tower 441 Vinc Street Cincinnati, Ohio 45202 (513) 241-2324 (voice) (513) 241-6234 (fax)				David W. Dort	on, Reg. No. 51,625				

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence for Application No. 10/614,715 is being facsimile transmitted to Technology Center 3600, fax number (703) 872-9306 on January 31, 2005.

David W. Dorton

K:\DBZ\\66P2\am\transmittal.wpd

End of Facsimile Transmission

for Serial No. 10/614,715

THANK YOU

Wood, Herron & Evans, LLP 2700 Carew Tower 441 Vine Street Cincinnati, OH 45202 513-241-2324 (voice) 513-241-6234 (fax)

January 31, 2005